Case 18-03277-jv

| V | Doc 30 | Filed 08/20/18 | Entered 08/20/18 22:30:5 | 2 Desc Maii | |
|-----|---------|----------------|--------------------------|-------------|-----------------|
| | | Document P | Page 1 of 44 | | 8/20/18 10:22PM |
| ou/ | r case: | | | | |

| Fill in this inform | nation to identify your | case: | | |
|---------------------|-------------------------|---------------------|-----------|-----------------------|
| Debtor 1 | Bobby Jean Sass | 3 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF SOUTH (| CAROLINA | |
| | 18-03277-dd | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your as | ssets of what you own |
|-----|--|--------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 177,800.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 13,127.87 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 190,927.8 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 159,357.60 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 1,755.2 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 9,139.70 |
| | Your total liabilities | \$ | 170,252.57 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,154.43 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,918.00 |
| ⊃ar | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| | ■ Yes | | |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 18-03277-jw Doc 30 Filed 08/20/18 Entered 08/20/18 22:30:52 Desc Main

Debtor 1 Bobby Jean Sass Document Page 2 of 44 Case number (if known) 18-03277-dd

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total o | claim |
|--|---------|----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 1,755.27 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 1,755.27 |

| | Cas | se 18-03 | 3277-j | w Doc 30 | | | Entered 08/20 Page 3 of 44 | /18 22:3 | 0:52 D | esc | Main 8/20/18 10:22PI |
|--------|-------------------------|----------------------|-------------|-------------------------|-----------|--|--|--------------|--------------------------|---------|--|
| Filli | n this info | rmation to | identify | your case and th | | | 446 9 01 | | | | |
| Debt | tor 1 | Bobb | v Jean | Sass | | | | | | | |
| | | First Nar | | Middle | Name | La | st Name | | | | |
| | tor 2 se, if filing) | First Nar | ne | Middle | Name | La | st Name | | | | |
| | | Bankruptcy (| Court for | that DISTRICT | OE SOL | JTH CAROLINA | | | | | |
| Office | eu States L | анкі ирісу (| Jourt Ioi | tile. DISTRICT | 01 300 | JIII CAROLINA | | | | | |
| Case | e number | 18-03277 | '-dd | | | | | | | | check if this is an |
| | | | | | | | | | | а | mended filing |
| | | | | | | | | | | | |
| Off (| <u>icial F</u> | <u>orm 10</u> | 6A/B | <u></u> | | | | | | | |
| Sc | hedu | le A/E | 3: Pr | operty | | | | | | | 12/15 |
| nforn | nation. If mo | ore space is estion. | needed, a | attach a separate sh | eet to tl | his form. On the to | e filing together, both are on the post any additional pages, and the pages of the pages of the page o | | | | |
| Do | VOIL OWN O | r havo any lo | aal or oa | uitable interest in a | ny roeid | onco building lan | d, or similar property? | | | | |
| _ | • | • | gai oi eq | ultable iliterest ili a | ily resiu | ence, building, lan | u, or similar property: | | | | |
| ᆜ | No. Go to P | art 2. | | | | | | | | | |
| | Yes. Where | is the prope | rty? | | | | | | | | |
| | | | | | | | | | | | |
| 1.1 | | | | | What | ic the property? | hantan Habatan ah | | | | |
| 1.1 | 101 Kirk | Court | | | wiiai | is the property? C | | 5 | | | |
| | | s, if available, o | r other des | cription | _ | Single-family home Duplex or multi-un | | | | | exemptions. Put on Schedule D: |
| | | | | | | Condominium or o | - | Creditors W | ho Have Clain | ns Secu | red by Property. |
| | | | | | | | • | | | | |
| | 0 | | 00 | 00400 4704 | | Manufactured or m | nobile home | Current val | | | ent value of the |
| | Summer | ville | SC State | ZIP Code | | Land | 4.7 | entire prop | erty? 7,800.00 | portio | on you own? \$177,800.00 |
| | City | | State | ZIF Code | | Investment proper Timeshare | ıy | | | | |
| | | | | | | Other | | | | | nership interest the entireties, or |
| | | | | | Who | has an interest in t | he property? Check one | | e), if known. | ., ., | , |
| | | | | | | Debtor 1 only | | | | | |
| | Berkeley | 1 | | | | Debtor 2 only | | | | | |
| | County | | | | | | tor 2 only | ☐ Check | if this is com | munity | property |
| | | | | | | At least one of the | debtors and another | | tructions) | | |
| | | | | | | - | vish to add about this iten | , such as lo | cal | | |
| | | | | | | erty identification r | | | | | |
| | | | | | _ | S Number 2330: ed in the name | 202031 of Joseph Sass Jr, a | nd Bobby | .lean as ∩ | o-Tru | stees for |
| | | | | | | | ust (Joseph Sass, Jr | | | J 114 | |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$177,800.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| | ase 18-03277-jw Do Bobby Jean Sass | Document Page 4 of 44 | 8/20/18 22:30:52 Case number (if known) 18 | Desc Main 8/20/18 10:22PM |
|--|--|---|---|---|
| _ | , trucks, tractors, sport utility | | Teaco nambor (# whom) | , 00277 uu |
| | , trucks, tructors, sport utility | vernoies, motorcycles | | |
| □ No | | | | |
| Yes | | | | |
| 3.1 Make: | Chrysler | Who has an interest in the property? Check one | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: |
| Model: | Chrylser 300 | _ Debtor 1 only | Creditors Who Have C | laims Secured by Property. |
| Year: Approxi | 2013 mate mileage: | _ ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | formation: | ☐ At least one of the debtors and another | onno proporty. | F, |
| VIN 20 | C3CCABG7DH691506 | ☐ Check if this is community property (see instructions) | \$11,560.00 | \$11,560.00 |
| | | own for all of your entries from Part 2, including te that number here | | \$11,560.00 |
| Dord On Dance | ibe Your Personal and Household | I Manua | | |
| 6. Household | or have any legal or equitable I goods and furnishings Major appliances, furniture, line | interest in any of the following items? ns, china, kitchenware | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | | | | |
| Yes. De | escribe | | | |
| | Couches, bed | Iroom furniture, tables lamps | | \$1,000.00 |
| 7. Electronics Examples: No Yes. De | Televisions and radios; audio, v including cell phones, cameras | rideo, stereo, and digital equipment; computers, prir , media players, games | nters, scanners; music collec | ctions; electronic devices |
| | two television | ns | | \$200.00 |
| 3. Collectible Examples: No Yes. De | Antiques and figurines; painting other collections, memorabilia, | s, prints, or other artwork; books, pictures, or other collectibles | art objects; stamp, coin, or t | paseball card collections; |
| | musical instruments | and other hobby equipment; bicycles, pool tables, o | golf clubs, skis; canoes and | kayaks; carpentry tools; |
| 10. Firearms | s: Pistols, rifles, shotguns, ammu | unition, and related equipment | | |

| | Case 18-03277-j | w Doc 30 | | Entered 08/20/18 22:30 Page 5 of 44 | 0:52 Desc Main 8/20/18 10:22PM |
|--|---|----------------------|--|---|--|
| Debtor ' | Bobby Jean Sass | | - Doddinont 1 | Case number (if kn | own) 18-03277-dd |
| □Y€ | es. Describe | | | | |
| 11. Clot <i>Exa</i> □ No | mples: Everyday clothes, fu | rs, leather coats, d | lesigner wear, shoes, ac | ccessories | |
| ■ Ye | es. Describe | | | | |
| | wome | en's clothing | | | \$350.00 |
| | | | | | |
| ■ No | mples: Everyday jewelry, co | ostume jewelry, enç | gagement rings, wedding | g rings, heirloom jewelry, watches, ge | ms, gold, silver |
| | -farm animals mples: Dogs, cats, birds, ho | orses | | | |
| □Y€ | es. Describe | | | | |
| ■ No |) | - | id not already list, incl | uding any health aids you did not li | st |
| □ Ye | es. Give specific information | 1 | | | |
| | d the dollar value of all of Part 3. Write that number | • | | entries for pages you have attached | d \$1,550.00 |
| Part 4: | Describe Your Financial Asse | ets | | | |
| | own or have any legal or | | in any of the following | J? | Current value of the |
| | | | | | portion you own?Do not deduct secured claims or exemptions. |
| 16. Cas l <i>Exa</i> ■ No | mples: Money you have in y | our wallet, in your | home, in a safe deposit | box, and on hand when you file your | petition |
| □ Ye | 9S | | | •• | |
| | institutions. If you ha | | ccounts; certificates of donts with the same institu | eposit; shares in credit unions, broker tion, list each. | age houses, and other similar |
| ` | es | | Institution nam | ne: | |
| | 17.1. | Checking | | Bank Checking Account in the bby J. Sass Account ending in | \$17.87 |
| | | | | | |
| | ds, mutual funds, or publi imples: Bond funds, investm | | | market accounts | |
| | 9S | Institution or issue | er name: | | |
| join | t venture | l interests in inco | rporated and unincorp | orated businesses, including an in | terest in an LLC, partnership, and |
| ■ No | o es. Give specific information | about them | | | |
| | | me of entity: | | % of ownership: | |
| Neg | n-negotiable instruments are | personal checks, o | cashiers' checks, promis | sory notes, and money orders. | |

Official Form 106A/B Schedule A/B: Property page 3

Case 18-03277-jw Doc 30 Filed 08/20/18 Entered 08/20/18 22:30:52 Desc Main Page 6 of 44 Document Case number (if known) 18-03277-dd Debtor 1 **Bobby Jean Sass** ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes vou Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund Official Form 106A/B Schedule A/B: Property page 4

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Case number (if known) 18-03277-dd

| | value: |
|---|---------------------|
| 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to recei someone has died. No | ve property because |
| ☐ Yes. Give specific information | |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment <i>Examples</i> : Accidents, employment disputes, insurance claims, or rights to sue ■ No | |
| ☐ Yes. Describe each claim | |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to a No ☐ Yes. Describe each claim | set off claims |
| 35. Any financial assets you did not already list | |
| ■ No □ Yes. Give specific information | |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | \$17.87 |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. | |
| 37. Do you own or have any legal or equitable interest in any business-related property? | |
| ■ No. Go to Part 6. | |
| ☐ Yes. Go to line 38. | |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. | |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? | |
| ■ No. Go to Part 7. | |
| ☐ Yes. Go to line 47. | |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above | |
| 53. Do you have other property of any kind you did not already list? | |

page 5 Official Form 106A/B Schedule A/B: Property

Examples: Season tickets, country club membership

54. Add the dollar value of all of your entries from Part 7. Write that number here

☐ Yes. Give specific information.......

■ No

Debtor 1

Bobby Jean Sass

\$0.00

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Case number (if known) 18-03277-dd

Debtor 1 **Bobby Jean Sass** Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$177,800.00 Part 2: Total vehicles, line 5 \$11,560.00 57. Part 3: Total personal and household items, line 15 \$1,550.00 Part 4: Total financial assets, line 36 58. \$17.87 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$13,127.87 Copy personal property total \$13,127.87 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$190,927.87

Official Form 106A/B Schedule A/B: Property page 6 Case 18-03277-jw Doc 30 Filed 08/20/18 Entered 08/20/18 22:30:52 Desc Main

| | | Docume | ent Page 9 of 44 | |
|---------------------|--------------------------|---------------------|------------------|---------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Bobby Jean Sass | S | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | DISTRICT OF SOUTH (| CAROLINA | |
| Case number | 18-03277-dd | | | |
| (if known) | | | | Check if this is an |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | identify the Froperty Tod Glaim as E. | Aciiipt | | |
|----|---|--------------------------------------|--|---------------------------------------|
| 1. | Which set of exemptions are you claiming? | ? Check one only, even | if your spouse is filing with you. | |
| | ■ You are claiming state and federal nonbank | cruptcy exemptions. 1 | 1 U.S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 U | J.S.C. § 522(b)(2) | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| | 101 Kirk Court Summerville, SC 29486-1721 Berkeley County TMS Number 2330202031 Titled in the name of Joseph Sass Jr, and Bobby Jean as Co-Trustees for the Sass Living Trust (Joseph Sass, Jr., is deceased) Line from Schedule A/B: 1.1 | \$177,800.00 | \$25,722.17 100% of fair market value, up to any applicable statutory limit | S.C. Code Ann. § 15-41-30(A)(1)(a) |
| | | | | |

| 2013 Chrysler Chrylser 300 VIN 2C3CCABG7DH691506 – | \$11,560.00 | \$5,900.00 | S.C. Code Ann. § 15-41-30(A)(2) |
|---|-------------|---|------------------------------------|
| Line from Schedule A/B: 3.1 | | 100% of fair market value, up to any applicable statutory limit | |
| Couches, bedroom furniture, tables | \$1,000.00 | \$1,000.00 | S.C. Code Ann. § 15-41-30(A)(3) |
| Line from Schedule A/B: 6.1 | | 100% of fair market value, up to any applicable statutory limit | 13-41-30(A)(3) |
| two televisions Line from Schedule A/B: 7.1 | \$200.00 | \$200.00 | S.C. Code Ann. § 15-41-30(A)(3) |
| Line from Schedule A.B. 1-1 | | 100% of fair market value, up to any applicable statutory limit | 10 41 00(A)(0) |

Filed 08/20/18 Entered 08/20/18 22:30:52 Case 18-03277-jw Doc 30 Desc Main Document Page 10 of 44 Debtor 1 **Bobby Jean Sass** Case number (if known) 18-03277-dd Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B women's clothing S.C. Code Ann. § \$350.00 \$350.00 Line from Schedule A/B: 11.1 15-41-30(A)(3) 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

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|---|---|------------------|--|---------------------------|-------------------|
| Fill in this information to identify you | | | | | |
| Debtor 1 Bobby Jean Sa | | | | | |
| Debtor 1 Bobby Jean Sa First Name | | Last Name | | - | |
| Debtor 2 | | | | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | - | |
| United States Bankruntey Court for the | : DISTRICT OF SOUTH CAROLIN | ΙΔ | | | |
| United States Bankruptcy Court for the | . DISTRICT OF SOUTH CAROLIN | | | - | |
| Case number 18-03277-dd | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | ameno | led filing |
| | | | | | |
| Official Form 106D | | | | | |
| Schedule D: Creditors | Who Have Claims S | ecured | by Propert | V | 12/15 |
| | | | | | |
| Be as complete and accurate as possible. s needed, copy the Additional Page, fill it number (if known). | | | | | |
| . Do any creditors have claims secured b | v vour proporty? | | | | |
| _ | | ala a dada a Mar | In account of the second and | a manufacture (bits forms | |
| No. Check this box and submit t | his form to the court with your other so | chedules. You | u have nothing else t | to report on this form. | |
| Yes. Fill in all of the information | below. | | | | |
| Part 1: List All Secured Claims | | | | | |
| 2. List all secured claims. If a creditor has | more than one secured claim, list the credit | or separately | Column A | Column B | Column C |
| for each claim. If more than one creditor has | s a particular claim, list the other creditors in | | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claims in alphabeti | ical order according to the creditor's name. | | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 Atersool | Describe the property that secures the | e claim: | \$341.61 | \$200.00 | \$141.61 |
| Creditor's Name | two televisions | | | | |
| | | | | | |
| | As of the date you file, the claim is: Ch | anck all that | | | |
| P.O. Box 1280 | apply. | eck all that | | | |
| Oaks, PA 19456-1280 | Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| What are the debto of | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | ☐ An agreement you made (such as mo car loan) | ortgage or secu | ired | | |
| Debtor 2 only | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mecha | anic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | | |
| | | | | | |
| Date debt was incurred | Last 4 digits of account number | r 5380 | | | |
| | | | | | |
| 2.2 Graceland Rentals | Describe the property that secures the | claim: | \$1,660.18 | \$1,000.00 | \$660.18 |
| Creditor's Name | Couches, bedroom furniture, | tables | | | |
| | lamps | | | | |
| PO Box 1000 | As of the date you file, the claim is: Ch | eck all that | | | |
| Dept. 162 Memphis, TN 38148-0162 | apply. | | | | |
| | ☐ Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| | ☐ An agreement you made (such as mo | ortagae or secu | ıred | | |
| ■ Debtor 1 only □ Debtor 2 only | car loan) | nigage or secu | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mecha | anio's lian\ | | | |
| At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mecha | anics nem) | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | | |
| community debt | — Caror (morading a right to onset) | | | | |
| • • • • • • • • • • • • • • • • • • • | | | | | |

Date debt was incurred

3507

Last 4 digits of account number

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| Debto | or 1 Bobby Jean Sass | | Case number (if know) | 18-03277-dd | |
|------------------|--|---|-------------------------------------|-------------------------------|-----------|
| | First Name Middle N | Name Last Name | , , | | |
| | Santander Consumer | | | | |
| ソスト | USA Inc., | Describe the property that secures the claim: | \$5,277.98 | \$11,560.00 | \$0.00 |
| | Creditor's Name | 2013 Chrysler Chrylser 300 VIN 2C3CCABG7DH691506 | | | |
| | DBA Chrysler Captial | As of the date you file, the claim is: Check all the | | | |
| | PO Box 660335 | apply. | at | | |
| _ | Dallas, TX 75266-0335 | Contingent | | | |
| ı | Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who r | owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | | ☐ An agreement you made (such as mortgage of | or secured | | |
| _ | btor 1 only | car loan) | or secured | | |
| _ | btor 2 only btor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lie | ln) | | |
| | least one of the debtors and another | ☐ Judgment lien from a lawsuit | :11) | | |
| □сь | eck if this claim relates to a promise debt | - | se Money Security | | |
| Date d | lebt was incurred | Last 4 digits of account number 07 | 89 | | |
| | Walls Farga Hama | | | | |
| 74 1 | Wells Fargo Home Mortgage | Describe the property that secures the claim: | \$152,077.83 | \$177,800.00 | \$0.00 |
| | Creditor's Name | 101 Kirk Court Summerville, SC | | | |
| | | 29486-1721 Berkeley County | | | |
| | | TMS Number 2330202031 | | | |
| | | Titled in the name of Joseph Sass Jr, and Bobby Jean as Co-Trustees | | | |
| | | for the Sass Living Trust (Joseph | | | |
| | PO Box 14591 | Sass, Jr., is deceased) | | | |
| | Des Moines, IA | As of the date you file, the claim is: Check all the | at | | |
| | 50306-3591 | apply. Contingent | | | |
| - | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | | Disputed | | | |
| Who d | owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Del | btor 1 only | ☐ An agreement you made (such as mortgage of | or secured | | |
| ☐ Del | btor 2 only | car loan) | | | |
| ☐ De | btor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lie | en) | | |
| At I | least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | eck if this claim relates to a ommunity debt | Other (including a right to offset) | | | |
| Date d | lebt was incurred | Last 4 digits of account number 28 | 98 | | |
| | | | | | |
| Add | the dollar value of your entries in 0 | Column A on this page. Write that number here: | \$159,357 | .60 | |
| | is is the last page of your form, add e that number here: | the dollar value totals from all pages. | \$159,357 | .60 | |
| | <u></u> | | | | |
| Part 2 | List Others to Be Notified for | or a Debt That You Already Listed | | | |
| trying than o | to collect from you for a debt you | be notified about your bankruptcy for a debt that owe to someone else, list the creditor in Part 1, a at you listed in Part 1, list the additional creditors his page. | and then list the collection age | ncy here. Similarly, if you h | nave more |
| | | 71.0 | | | |
| _ | Name, Number, Street, City, State & Brock & Scott, PLLC | Zip Code Or | n which line in Part 1 did you ente | er the creditor? 2.4 | |
| | 3800 Fernandina Road | La | st 4 digits of account number | 2448_ | |
| | Suite 110 | | | | |
| | Columbia, SC 29210 | | | | |

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| Debtor | 1 Bobby Jean | Sass | | Case number (if know) | 18-03277-dd | |
|--------|--|-------------|-----------|--------------------------------------|-------------|--|
| | First Name | Middle Name | Last Name | | | |
| 2 | Name, Number, Street Stewart, Zlimen 2860 Patton Roa Saint Paul, MN 5 | d , | | On which line in Part 1 did you ente | | |

| | Case 18-03277-JW D00 | | e 14 of | 08/20/18 22. | 30.52 D | esc Main | 20/18 10:22PM |
|--------------------------|---|---|-------------------------------|---|---------------------------------|----------------------------------|----------------|
| Fill i | n this information to identify your case: | | C 14 UI | 44 | Ī | | |
| | | | | | | | |
| Debt | Bobby Jean Sass First Name | Middle Name Last Na | me | | | | |
| Debt | tor 2 | | | | | | |
| (Spous | se if, filing) First Name | Middle Name Last Na | me | | | | |
| Unite | ed States Bankruptcy Court for the: DIS | TRICT OF SOUTH CAROLINA | | | | | |
| Case | e number 18-03277-dd | | | | | | |
| (if kno | wn) | | | | _ | theck if this is a mended filing | an |
| Offi | cial Form 106E/F | | | | | | |
| | nedule E/F: Creditors Who | Have Unsecured Clain | ns | | | 12/1 | 5 |
| Sched Sched eft. A | xecutory contracts or unexpired leases that contracts and Unexpired Loule G: Executory Contracts and Unexpired Loule D: Creditors Who Have Claims Secured but tach the Continuation Page to this page. If you and case number (if known). | eases (Official Form 106G). Do not inc by Property. If more space is needed, o | clude any cre copy the Par | editors with partially rt you need, fill it out, | secured claims number the en | that are listed i | n es on the |
| Part | 1: List All of Your PRIORITY Unsecu | red Claims | | | | | |
| 1. C | Oo any creditors have priority unsecured clair | ns against you? | | | | | |
| | ☐ No. Go to Part 2. | | | | | | |
| | Yes. | | | | | | |
| ic p | List all of your priority unsecured claims. If a dentify what type of claim it is. If a claim has both cossible, list the claims in alphabetical order accordent 1. If more than one creditor holds a particula | priority and nonpriority amounts, list that proving to the creditor's name. If you have | t claim here | and show both priority | and nonpriority a | amounts. As muc | h as |
| (1 | For an explanation of each type of claim, see the | instructions for this form in the instruction | on booklet.) | Total alaim | Priority | Nonnrio | rits. |
| | | | | Total claim | Priority amount | Nonprio amount | rity |
| 2.1 | Berkeley County Auditor | Last 4 digits of account number | er E990 | \$303.40 | \$30 | 3.40 | \$0.00 |
| | Priority Creditor's Name 1003 Highway 52 | When was the debt incurred? | 2017 | | | | |
| | PO Box 6122 Moncks Corner, SC 29461-6120 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the clai | m is: Check | all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | , | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured of | :laim: | | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | | |
| | ☐ Check if this claim is for a community de | ebt Taxes and certain other debts | s you owe the | e government | | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal | • | • | | | |
| | ■ No | Other. Specify | | | | | |
| | Yes | | | DH691506 perty Tax | | | |

Case 18-03277-jw Doc 30 Filed 08/20/18 Entered 08/20/18 22:30:52 Desc Main Document Page 15 of 44 Debtor 1 Bobby Jean Sass Case number (if know) 18-03277-dd 2.2 **Berkeley County Treasurer** Last 4 digits of account number 2031 \$1.451.87 \$0.00 \$1,451.87 Priority Creditor's Name PO Box 6122 When was the debt incurred? 2017 Moncks Corner, SC 29461-6120 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only □ Unliquidated Debtor 2 only □ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other, Specify ☐ Yes **Property taxes for 101 Kirk Court** Receipt #2017-0084577 2.3 \$0.00 \$0.00 **IRS** Last 4 digits of account number \$0.00 Priority Creditor's Name When was the debt incurred? Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes **Notice Only** S.C. Department of Revenue and \$0.00

\$0.00 \$0.00 2.4 **Taxation** Last 4 digits of account number Priority Creditor's Name P.O. Box 12265 When was the debt incurred? Columbia, SC 29211-9979 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

Notice only

Part 2: List All of Your NONPRIORITY Unsecured Claims

Is the claim subject to offset?

- 3. Do any creditors have nonpriority unsecured claims against you?
 - ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 - Yes.

■ No

☐ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

☐ Other. Specify

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| | | | Total claim |
|-----|--|---|-------------|
| 4.1 | Cash Credit Co. | Last 4 digits of account number 4330 | \$697.57 |
| _ | Nonpriority Creditor's Name 1672 N. Main Street | When was the debt incurred? | |
| | Summerville, SC 29483-7811 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify cash loan | |
| 4.2 | Charleston Gastroenterology Specialists | Last 4 digits of account number 6722 | \$248.58 |
| | Nonpriority Creditor's Name 1962 Charlie Hall Boulevard Charleston, SC 29414 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical | |
| 4.3 | Convergent Outsourcing, Inc. | Last 4 digits of account number 5380 | \$976.02 |
| | Nonpriority Creditor's Name 800 SW 39th Street P.O. Box 9004 | When was the debt incurred? | |
| | Renton, WA 98057 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Verizon Wireless Collection | |

Debtor 1 Bobby Jean Sass

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| Debto | Bobby Jean Sass | Case number (if know) 18-03277-dd | |
|-------|--|---|------------|
| 4.4 | Palmetto Primary Care Physicians | Last 4 digits of account number 5474 | \$602.14 |
| | Nonpriority Creditor's Name 201 Sigma Drive Suite 100 Summerville, SC 29486-1721 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Bobby Sass- Medical | |
| 4.5 | Pineland Family Dentist | Last 4 digits of account number 6099 | \$1,145.00 |
| | Nonpriority Creditor's Name 503 North Pine Street Summerville, SC 29483-6554 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical | |
| 4.6 | Pineland Family Dentist | Last 4 digits of account number | \$222.00 |
| | Nonpriority Creditor's Name 503 North Pine Street Summerville, SC 29483-6554 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical | |
| | | | |

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Document Debtor 1 Bobby Jean Sass

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| 4.7 | Progressive Leasing | Last 4 digits of account number 5105 | \$744.79 |
|-----|--|--|----------|
| | Nonpriority Creditor's Name | | Ψ1-1-13 |
| | 256 West Data Drive | When was the debt incurred? | |
| | Draper, UT 84020 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is. Offect all that apply | |
| | ■ Debtor 1 only | Continued. | |
| | | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| | Summerville Emergency | Last 4 digits of account number 3756 | \$19.60 |
| 4.8 | Department Nonpriority Creditor's Name | Last 4 digits of account number 3/56 | \$19.00 |
| | C/O Wakefield & Associate | When was the debt incurred? | |
| | P.O. Box 50250 | | |
| | Knoxville, TN 37950-0250 Number Street City State Zlp Code | As of the date you file the claim in Ob all all that are he | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | | ☐ Unliquidated | |
| | Debtor 2 only | · | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection for Medical Bill | |
| 4.9 | The Dental Implant Centre' | Last 4 digits of account number 7248 | \$120.00 |
| 4.5 | Nonpriority Creditor's Name | | \$120.00 |
| | 1051 Johnnie Dodds Boulevard | When was the debt incurred? | |
| | Suite A | | |
| | Mount Pleasant, SC 29464-3100 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | 76 of the date you me, the ordinate of the track apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | |
| | No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Medical | |
| | | — Outer, Specify | |

Case 18-03277-jw Doc 30 Filed 08/20/18 Entered 08/20/18 22:30:52 Desc Main Document Page 19 of 44 Debtor 1 Bobby Jean Sass Case number (if know) 18-03277-dd 4.1 \$4,153.00 Trident Regional Medical Center 1119 Last 4 digits of account number 0 Nonpriority Creditor's Name C/O NPAS Solutions, LLC When was the debt incurred? P.O. Box 740771 Cincinnati, OH 45274-0771 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical ☐ Yes 4.1 **UCI Medical Affiliates** 3844 \$211.00 Last 4 digits of account number Nonpriority Creditor's Name **Patient Billing Services - Doctors** When was the debt incurred? 10/14/2017 and 03/27/2018 Care PO Box 63418 Charlotte, NC 28263-3418 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes medical bills Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| claims from Part 1 | 6b. | Toxas and cartain other debts you awa the government | 6b. | œ. | 4 755 07 |
| HOIH Part I | OD. | Taxes and certain other debts you owe the government | ob. | \$ | 1,755.27 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 1,755.27 |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |

Official Form 106 E/F

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| Debtor 1 Bol | bby Je | an Sass | Case r | 14 number (if know) | 18-03277-dd |
|--------------|--------|--|----------|------------------------|-------------|
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce you did not report as priority claims | that 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar de | ebts 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amo here. | ount 6i. | \$ | 9,139.70 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 9,139.70 |

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| | | Docume | III. Paue ZI 01 44 | |
|---|--------------------------|-------------------|--------------------|--------------------------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Bobby Jean Sass | S | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | DISTRICT OF SOUTH | CAROLINA | |
| Case number | 18-03277-dd | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with Name, Number | whom you have the r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.5 | City | | Olalo | ZII OOGC | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |

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| | Case 10-03211-jw | Doc 30 Thed 00 Docume | | u 00/20/10 22.30 f 44 | 7.52 Descin | 8/20/18 10:22PM |
|---|---|---|--|--|-----------------------|------------------|
| Fill in this | information to identify your | | | | | |
| Debtor 1 | Bobby Jean Sass | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, fili | ing) First Name | Middle Name | Last Name | | | |
| | ates Bankruptcy Court for the: | DISTRICT OF SOUTH | | | | |
| Casa num | hor 40 02277 dd | | | | | |
| Case num (if known) | 18-03277-dd | | | | ☐ Check if tage | |
| Officia | l Form 106H | | | | | |
| | lule H: Your Cod | ebtors | | | | 12/15 |
| people are ill it out, a our name | are people or entities who a efiling together, both are equind number the entries in the e and case number (if known) | ally responsible for supp boxes on the left. Attach . Answer every question | olying correct informati the Additional Page to | ion. If more space is nead this page. On the top | eded, copy the Ad | ditional Page, |
| 1. 00 | you have any codebtors? (If | you are illing a joint case, | do not list either spouse | as a codebior. | | |
| ■ No □ Yes | S | | | | | |
| Arizor | thin the last 8 years, have you ha, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spouse, | Nevada, New Mexico, Pu | erto Rico, Texas, Washi | | states and territorie | s include |
| 3. In Col in line Form | lumn 1, list all of your codebt e 2 again as a codebtor only i 106D), Schedule E/F (Official olumn 2. | ors. Do not include your f that person is a guaran | spouse as a codebtor tor or cosigner. Make s | sure you have listed the | creditor on Schee | dule D (Official |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zl | P Code | | Column 2: The cred Check all schedules | | owe the debt |
| 3.1 | | | | ☐ Schedule D. line | | |
| | Name | | | ☐ Schedule E/F, lin | e | |
| | | | | ☐ Schedule G, line | | |
| | Number Street City | State | ZIP Code | _ | | |
| 3.2 | | | | ☐ Schedule D, line | | |
| | Name | | | □ Schedule E/F, lin | e | |
| | | | | ☐ Schedule G, line | | |
| = | Number Street | | | _ | | |

State

City

ZIP Code

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| Fill | in this information to identify your ca | ase: | | | | | | | |
|--------------------|---|---------------------------|---|-----------|-------|----------------------|----------|--|---------|
| Del | otor 1 Bobby Jean | Sass | | | _ | | | | |
| | otor 2 nuse, if filing) | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | : DISTRICT OF SOUTH | H CAROLINA | | _ | | | | |
| Cas | se number 18-03277-dd | | | | | Check if this is: | | | |
| (If kr | nown) | | - | | | An amende | d filing | | |
| | | | | | | | | ving postpetition e following date: | |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/15 |
| spo atta Par | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. | r spouse is not filing wi | ith you, do not inclu | de infori | natio | on about your spo | use. If | more space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non | n-filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Emplo | • | d | |
| | employers. | Occupation | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | MAHLE | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 4500 Leeds Ave North Charlesto | | 940 | 5 | | | |
| | | How long employed the | here? Since N | larch 2 | 018 | | | | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | | | | |
| spoo If yo | mate monthly income as of the dause unless you are separated. u or your non-filing spouse have most espace, attach a separate sheet to | ore than one employer, co | , g | | | oyers for that perso | n on the | e lines below. If | Ü |
| | | | | | | For Debtor 1 | | Debtor 2 or filing spouse | |
| 2. | List monthly gross wages, saladeductions). If not paid monthly, or | | | 2. | \$ | 1,080.00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 1,329.42 | +\$_ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 2,409.42 | \$ | N/A | |

| Debt | or 1 | Bobby Jean Sass | _ | Case | number (<i>if knowr</i> |) <u>1</u> | 8-03277-d | d | |
|------|-----------------------|---|------------|-----------|--------------------------|------------|-------------------------|---------------------|-------------------|
| | | | | For | Debtor 1 | | For Debtor non-filing s | | |
| | Cop | by line 4 here | 4. | \$ | 2,409.4 | 2 | \$ | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | |
| 0. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 254.9 | | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.0 | _ | \$ | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$- | 0.0 | _ | \$ | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.0 | _ | \$ | N/A | _ |
| | 5e. | Insurance | 5e. | \$ | 0.0 | _ | \$ | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.0 | 0 | \$ | N/A | _ |
| | 5g. | Union dues | 5g. | \$ | 0.0 | 0 | \$ | N/A | - - |
| | 5h. | Other deductions. Specify: | 5h.+ | - \$ | 0.0 |) + | \$ | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 254.9 | 9 | \$ | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,154.4 | 3_ | \$ | N/A | _ |
| 8. | List 8a. | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 90 | Ф | 0.00 | | ¢ | N/A | |
| | 8b. | monthly net income. Interest and dividends | 8a. 8b. | \$_ \$ | 0.0 | _ | \$ \$ | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | | Φ_ | 0.0 | <u>J</u> | Φ | N/A | _ |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.0 | n . | \$ | N/A | |
| | 8d. | | 8d. | \$_ | 0.0 | _ | \$ | N/A | _ |
| | 8e. | Social Security | 8e. | \$ | 0.0 | _ | \$ | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | 0.0 | O : | \$ | N/A | _ |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.0 | - | \$ | N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h.+ | - \$_ | 0.0 | + | \$ | N/A | _ |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.0 | 0 | \$ | N/A | 4 |
| 10. | | culate monthly income. Add line 7 + line 9. | 10. \$ | | 2,154.43 + | \$ | N/A | = \$ | 2,154.43 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | ı L | |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your price friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify: | r depen | | | - | in Schedule | e <i>J</i> . +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certallies | | | | | | \$Combin | 2,154.43 ned |
| 13. | Do | you expect an increase or decrease within the year after you file this form | 12 | | | | | | ly income |
| 10. | | No. | •• | | | | | | |
| | | Yes. Explain: | | | | | | | |

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| E:II | in this inform | ation to identify yo | 211, 22221 | | | Ī | | |
|----------------|-------------------------------|--|----------------|---|-----------------------|-----------------|------------------------------------|-------------------------------|
| | | | | | | Chaal | is the above to a | |
| Deb | otor 1 | Bobby Jean | Sass | | | | k if this is: An amended filing | |
| Deb | otor 2 | | | | | _ | • | ving postpetition chapter |
| (Spo | ouse, if filing) | | | | | _ ′ | 13 expenses as of | the following date: |
| Unit | ed States Bank | kruptcy Court for the | : DISTRI | CT OF SOUTH CAROLINA | 4 | 1 | MM / DD / YYYY | |
| ! | e number 1 nown) | 8-03277-dd | | | | | | |
| O ₁ | fficial Fo | orm 106J | | | | • | | |
| S | chedule | J: Your | Exper | ises | | | | 12/15 |
| Be info | as complete ormation. If n | and accurate as | possible. | If two married people are ch another sheet to this t | | | | |
| Par 1. | t 1: Desc Is this a joi | ribe Your House | hold | | | | | |
| ١. | ■ No. Go t | | | | | | | |
| | _ | o line 2. es Debtor 2 live i | in a separ | ate household? | | | | |
| | | | | | | | | |
| | | | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Debte | or 2. | |
| 2. | Do you hav | e dependents? | ■ No | | | | | |
| | Do not list Debtor 2. | Debtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state | e the | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | - | | . <u></u> | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | ☐ Yes |
| | | | | | | | | ☐ Yes |
| 3. | expenses of | penses include of people other the nd your depende | | No Yes | | | | = 100 |
| | | | | | | | | |
| Est exp | imate your e | a date after the l | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| Inc | lude expense | es paid for with I | non-cash | government assistance it | you know | | | |
| | value of suc ficial Form 1 | | d have inc | luded it on Schedule I: Y | our Income | | Your expe | enses |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgage | e 4. \$ | | 850.00 |
| | If not inclu | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. \$ | | 0.00 |
| | • | erty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | e maintenance, re | | | | 4c. \$ | | 0.00 |
| 5. | | eowner's associat | | dominium dues our residence, such as hoi | me equity loans | 4d. \$ 5. \$ | | 0.00 |
| ٠. | | | | | | σ. ψ | | 0.00 |

| Debt | tor 1 | Bobby Jean Sass | Case num | ber (if known) | wn) 18-03277-dd | | |
|------|--------|---|----------|----------------|-------------------------------|--|--|
| 6. | Utilit | ies: | | | | | |
| | 6a. | Electricity, heat, natural gas | 6a. | \$ | 145.00 | | |
| | 6b. | Water, sewer, garbage collection | 6b. | \$ | 28.00 | | |
| | 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 135.00 | | |
| | 6d. | Other. Specify: | 6d. | \$ | 0.00 | | |
| 7. | Food | d and housekeeping supplies | 7. | \$ | 290.00 | | |
| 8. | Child | dcare and children's education costs | 8. | \$ | 0.00 | | |
| 9. | Cloth | ning, laundry, and dry cleaning | 9. | \$ | 15.00 | | |
| 10. | Pers | onal care products and services | 10. | \$ | 15.00 | | |
| 11. | Medi | ical and dental expenses | 11. | \$ | 20.00 | | |
| 12. | | sportation. Include gas, maintenance, bus or train fare. ot include car payments. | 12. | \$ | 200.00 | | |
| 13. | | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 15.00 | | |
| 14. | Char | itable contributions and religious donations | 14. | \$ | 0.00 | | |
| 15. | Insur | rance. | | | | | |
| | Do no | ot include insurance deducted from your pay or included in lines 4 or 20. | | | | | |
| | 15a. | Life insurance | 15a. | \$ | 0.00 | | |
| | 15b. | Health insurance | 15b. | \$ | 0.00 | | |
| | 15c. | Vehicle insurance | 15c. | \$ | 180.00 | | |
| | 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 | | |
| 16. | Taxe | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | | | |
| | Spec | ify: vehicle taxes | 16. | \$ | 25.00 | | |
| 17. | | Illment or lease payments: | | | | | |
| | | Car payments for Vehicle 1 | 17a. | · | 0.00 | | |
| | | Car payments for Vehicle 2 | 17b. | · | 0.00 | | |
| | | Other. Specify: | 17c. | | 0.00 | | |
| | | Other. Specify: | 17d. | \$ | 0.00 | | |
| 18. | | payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 | | |
| 19. | Othe | r payments you make to support others who do not live with you. | | \$ | 0.00 | | |
| | Spec | · | 19. | | | | |
| 20. | | r real property expenses not included in lines 4 or 5 of this form or on Sche | | | | | |
| | | Mortgages on other property | 20a. | | 0.00 | | |
| | | Real estate taxes | 20b. | · | 0.00 | | |
| | | Property, homeowner's, or renter's insurance | 20c. | | 0.00 | | |
| | | Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 | | |
| | | Homeowner's association or condominium dues | 20e. | · | 0.00 | | |
| 21. | Othe | r: Specify: | 21. | _+\$ | 0.00 | | |
| 22 | Calc | ulate your monthly expenses | | | | | |
| | | Add lines 4 through 21. | | \$ | 1,918.00 | | |
| | | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | <u> </u> | 1,010.00 | | |
| | | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,918.00 | | |
| 23 | Calc | ulate your monthly net income. | | | | | |
| 25. | | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,154.43 | | |
| | | Copy your monthly expenses from line 22c above. | 23b. | | 1,918.00 | | |
| | 230. | Copy your monthly expenses non-line 220 above. | 250. | -Ψ | 1,918.00 | | |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 236.43 | | |
| 24. | For ex | ou expect an increase or decrease in your expenses within the year after your car loan within the year or do you expect your ication to the terms of your mortgage? | | | ease or decrease because of a | | |

☐ Yes.

Explain here:

| Fill in this info | rmation to identify your | case: | | | | |
|---------------------------------|--|---|--|-----------------------|-----|--|
| Debtor 1 | Bobby Jean Sass | | | | | |
| Dahtano | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States B | ankruptcy Court for the: | DISTRICT OF SOUTH (| CAROLINA | | | |
| Case number | 18-03277-dd | | | | _ | |
| (if known) | | | | | | Check if this is an amended filing |
| | | | | | | |
| Official For | m 106Dec | | | | | |
| Declara | tion About a | n Individual | Debtor's Sch | hedules | | 12/15 |
| You must file th | is form whenever you fi | le bankruptcy schedules n connection with a bank | nsible for supplying corre or amended schedules. I ruptcy case can result in | Making a false statem | | |
| Sig | gn Below | | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out ba | inkruptcy forms? | | |
| ■ No | | | | | | |
| ☐ Yes. | Name of person | | | | | tition Preparer's Notice, ature (Official Form 119) |
| • | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules filed | with this declaration | and | |

Signature of Debtor 2

Date

X /s/ Bobby Jean Sass

Bobby Jean Sass Signature of Debtor 1

Date August 20, 2018

| Fill in th | nis informa | ation to identify you | r case: | | | |
|-------------|---------------|--------------------------------|--|------------------------------------|---|------------------------------------|
| Debtor 1 | | Bobby Jean Sas | ss | | | |
| Debtor 2 |) | First Name | Middle Name | Last Name | | |
| (Spouse if, | | First Name | Middle Name | Last Name | | |
| United S | States Bank | cruptcy Court for the: | DISTRICT OF SOUTH CA | AROLINA | | |
| Case nu | ımber 18 | 3-03277-dd | | | | |
| (if known) | | | | | _ | Check if this is an amended filing |
| O.(| . – | 407 | | | | |
| | al Fori | - | Affaire for Individ | duals Eiling for B | ankruptov | 4/4/ |
| | | | Affairs for Individ | | | 4/10 |
| informat | ion. If mo | re space is needed, | attach a separate sheet to | | equally responsible for sup additional pages, write yo | |
| number | (if known) | . Answer every que | stion. | | | |
| Part 1: | Give De | tails About Your Ma | arital Status and Where You | Lived Before | | |
| 1. Wha | at is your o | current marital statu | ıs? | | | |
| | Married | | | | | |
| | Not marri | ed | | | | |
| 2. Dur | ing the las | st 3 years, have you | lived anywhere other than | where you live now? | | |
| _ | No | | | | | |
| _ | | all of the places you I | ived in the last 3 years. Do no | ot include where you live now | <i>'</i> . | |
| Del | btor 1 Pric | or Address: | Dates Debtor 1 | Debtor 2 Prior Ad | dress: | Dates Debtor 2 |
| | | | lived there | | | lived there |
| | | | | | ity property state or territor | |
| _ | | ,, | ,,, | | ,, | , |
| | No Yes Mak | e sure vou fill out <i>Sci</i> | nedule H: Your Codebtors (Ot | fficial Form 106H) | | |
| _ | - 00: Wak | | iodalo III. Iodi Godobiolo (Gi | modification rooms. | | |
| Part 2 | Explain | the Sources of You | r Income | | | |
| | | | | | ear or the two previous cale | ndar years? |
| | | | u received from all jobs and a have income that you receive | | | |
| | No | | | | | |
| | | n the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | calendar | year: ember 31, 2017) | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | · ,, | Operating a business | | □ Operating a business | |

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| | | | | Debtor 1 | | | | | Debtor 2 | | |
|--|----------------------------|---|--|--|--|---|---|-------------------|---|--------------------------------------|---|
| | | | | | of income that apply. | (before | s income re deductions and sions) | | Sources of inco Check all that ap | | Gross income (before deductions and exclusions) |
| | r the calend nuary 1 to | | | ■ Wage bonuses, | s, commissions, tips | | \$8,100.0 | | ☐ Wages, comr bonuses, tips | missions, | |
| | | | | ☐ Opera | ting a business | | | | ☐ Operating a b | ousiness | |
| 5. | Include include and other | come regard public bene | lless of wheth fit payments; | er that inco pensions; r | | amples o rest; divid | f <i>other income</i> ar dends; money col | e alim | d from lawsuits; r | oyalties; and | curity, unemployment, gambling and lottery |
| | List each s | source and t | he gross inco | me from ea | ach source separa | itely. Do r | not include incom | e tha | t you listed in line | e 4. | |
| | ■ No □ Yes. | Fill in the de | etails. | | | | | | | | |
| | | | | Debtor 1 | | | | | Debtor 2 | | |
| | | | | | of income below. | each | s income from source re deductions and sions) | | Sources of inco Describe below. | ome | Gross income (before deductions and exclusions) |
| Pa | rt 3: List | Certain Pa | vments You | Made Bef | ore You Filed for | Bankrun | otcv | | | | |
| 6. | □ No. | Neither De individual During the No. Yes * Subject | ebtor 1 nor D primarily for a 90 days befo Go to line 7 List below e paid that cr not include to adjustment | personal, personal, personal, personal, personal, personal, personal, personal, personal pers | family, or househo I for bankruptcy, d or to whom you pa | umer del old purpos id you pa id a total nts for do his bankr rs after th | ots. Consumer dese." y any creditor a too of \$6,425* or mo mestic support of uptcy case. at for cases filed | otal o re in o | f \$6,425* or more one or more payr ions, such as chi | e? ments and the ld support an | (8) as "incurred by an e total amount you d alimony. Also, do |
| | res. | | | | for bankruptcy, d | | | otal o | f \$600 or more? | | |
| | | No. | Go to line 7 | | | | | | | | |
| | | □ Yes | | ments for c | | | | | | | creditor. Do not clude payments to an |
| | Creditor' | s Name and | d Address | | Dates of payme | ent | Total amount paid | | Amount you still owe | Was this pa | ayment for |
| 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | al partner; corporations agent, including one for | | | | | |
| | ■ No □ Yes. | l ist all navn | nents to an in | sider. | | | | | | | |
| | | Name and | | 3.301. | Dates of payme | ent | Total amount paid | | Amount you still owe | Reason for | this payment |

Case 18-03277-jw Doc 30 Filed 08/20/18 Entered 08/20/18 22:30:52 Desc Main Page 30 of 44 Document Case number (if known) 18-03277-dd Debtor 1 **Bobby Jean Sass** Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider **Insider's Name and Address Total amount** Amount you Reason for this payment Dates of payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Bobby Sass vs. Wells Fargo Civil State of SC COunty of □ Pending 2:17-cv-1501-RMG-BM **Berkeley** □ On appeal the District of South Concluded Carolina Wells Fargo Financial Carolina, Inc. **Foreclosure** State of South Carolina Pending vs. Joseph Sass, Jr., and Bobby County of Berkeley □ On appeal Jean Sass for the Sass Living □ Concluded **Trust** 2016-CP-08-02096 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a

No

☐ Yes

court-appointed receiver, a custodian, or another official?

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Debtor 1 Bobby Jean Sass Description Find Go/20/16 Entered Go/20/16 22:30:32 Description Find Go/20/16 10:2 Description Find Go/20/16 10:2 Description Find Go/20/16 10:2 Description Find Go/20/16 22:30:32 Description Find Go/20/16 10:2 Description

| Par | t 5: List Certain Gifts and Contributions | | | | |
|-----|--|-------------|--|-----------------------------------|-------------------------|
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | tcy, did yo | ou give any gifts with a total value of more th | nan \$600 per person? | |
| | Gifts with a total value of more than \$600 per person | Des | scribe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or cor | | ou give any gifts or contributions with a tota | I value of more than s | \$600 to any charity? |
| | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | scribe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankrupt or gambling? No Yes. Fill in the details. | cy or since | e you filed for bankruptcy, did you lose anyt | hing because of theft | , fire, other disaster, |
| | how the loss occurred | clude the a | ny insurance coverage for the loss amount that insurance has paid. List pending aims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Par | t7: List Certain Payments or Transfers | | | | |
| 16. | consulted about seeking bankruptcy or pr | eparing a b | u or anyone else acting on your behalf pay on pankruptcy petition? credit counseling agencies for services required | | ty to anyone you |
| | □ No ■ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | trar | scription and value of any property nsferred | Date payment or transfer was made | Amount of payment |
| | Felix B. Clayton 1509 Klng Street Beaufort, SC 29902 butch@butchclaytonlaw.com | | corney Fees and Filing fee 000.00 July 27, 2018 | July 27, 2018 | \$2,000.00 |
| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y | ors or to m | | r transfer any proper | ty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | | scription and value of any property nsferred | Date payment or transfer was made | Amount of payment |

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Debtor 1 Bobby Jean Sass

| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your burneline both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details. | ousiness or financial affa ade as security (such as | airs? the granting of a secu | | | | | | | | |
|-----|--|---|---------------------------------|--|------------------------|--|--|--|--|--|--|
| | Person Who Received Transfer Address | Description and v property transfer | red | Describe any property or payments received or debts paid in exchange | Date transfer was made | | | | | | |
| | Person's relationship to you | | | | | | | | | | |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr | | y property to a self- | settled trust or similar device o | f which you are a | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | | |
| | Name of trust Description and value of the property transferred | | | | | | | | | | |
| Pai | List of Certain Financial Accounts, In | struments, Safe Deposi | t Boxes, and Storag | e Units | | | | | | | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No Yes. Fill in the details. | or other financial accou | nts; certificates of d | • | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | | | | | | | | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | cribe the contents | Do you still have it? | | | | | | |
| 22. | Have you stored property in a storage unit | or place other than you | home within 1 year | before you filed for bankruptcy | ? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or loto it? Address (Number, State and ZIP Code) | | cribe the contents | Do you still have it? | | | | | | |
| Pai | 19: Identify Property You Hold or Control | for Someone Else | | | | | | | | | |
| 23. | Do you hold or control any property that so for someone. | omeone else owns? Incl | ude any property yo | u borrowed from, are storing fo | r, or hold in trust | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S | | cribe the property | Value | | | | | | |
| Pai | t 10: Give Details About Environmental Inf | Code) | | | | | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Bobby Jean Sass

| | | ic substances, wastes, or material into the substances, wastes, or material into the second of these substances in the second of | | | lwat | er, or other medium, including s | tatutes or | | | |
|-----|---|--|----------|--|-----------|--|-----------------------|--|--|--|
| | | e means any location, facility, or property | - | | law, | whether you now own, operate, | or utilize it or used | | | |
| | Haz | zardous material means anything an env cardous material, pollutant, contaminant. | vironm | nental law defines as a hazardous | was | ste, hazardous substance, toxic | substance, | | | |
| Ren | | all notices, releases, and proceedings th | | | the | v occurred. | | | | |
| · | | s any governmental unit notified you that | • | · - | | | ental law? | | | |
| | _ | oury governmental unit notified you that | it you | may be hable of potentially hable | unic | | cirtai iaw . | | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | LI Na | me of site | | Governmental unit | | Environmental law, if you | Date of notice | | | |
| | | Inte of Site Idress (Number, Street, City, State and ZIP Code) | | Address (Number, Street, City, State and ZIP Code) | t | know it | Date of Hotice | | | |
| 25. | Hav | ve you notified any governmental unit of | f any r | elease of hazardous material? | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | i | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | | se Title se Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case | | | |
| Pai | t 11: | Give Details About Your Business or | Conn | · | | | | | | |
| | | - | | • | _ | | | | | |
| 27. | Wit | hin 4 years before you filed for bankrupt | - | | - | _ | y business? | | | |
| | | ☐ A sole proprietor or self-employed i | | | | • | | | | |
| | | ☐ A member of a limited liability comp | pany (| LLC) or limited liability partnersh | ip (L | LP) | | | | |
| | | ☐ A partner in a partnership | | | | | | | | |
| | | ☐ An officer, director, or managing ex | xecuti | ve of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | | |
| | | No. None of the above applies. Go to F | Part 1 | 2. | | | | | | |
| | | Yes. Check all that apply above and fill | ll in th | e details below for each business | s. | | | | | |
| | | siness Name | Des | cribe the nature of the business | | Employer Identification number | | | | |
| | | Idress mber, Street, City, State and ZIP Code) | Nam | ne of accountant or bookkeeper | | Do not include Social Security Dates business existed | number or ITIN. | | | |
| 28. | | hin 2 years before you filed for bankrupt titutions, creditors, or other parties. | tcy, di | d you give a financial statement t | o ar | yone about your business? Incl | ude all financial | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | | |
| | Na | me | Date | slssued | | | | | | |

Part 12: Sign Below

Address

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

(Number, Street, City, State and ZIP Code)

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are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Bo | obby Jean Sass | |
|-----------------|--|---|
| Bobby Jean Sass | | Signature of Debtor 2 |
| Signa | ature of Debtor 1 | |
| Date | August 20, 2018 | Date |
| Did yo | obby Jean Sass Ignature of Debtor 2 ate August 20, 2018 Date d you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No Yes d you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? | |
| ■ No | | |
| ☐ Yes | 5 | |
| Did yo | ou pay or agree to pay | y someone who is not an attorney to help you fill out bankruptcy forms? |
| ■ No | | |
| ☐ Yes | s. Name of Person | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this inform | Fill in this information to identify your case: | | | | | | |
|---------------------------------|---|--|--|--|--|--|--|
| Debtor 1 | Bobby Jean Sass | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | |
| United States B | ankruptcy Court for the: District of South Carolina | | | | | | |
| Case number (if known) | 18-03277-dd | | | | | | |

| Check as directed in lines 17 and 21: | | | | | | | | |
|---------------------------------------|---|--|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | |
| | ☐ 4. The commitment period is 5 years. | | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part 1: | Calculate Your Average Monthly Income |
|---------|---------------------------------------|
| rait i. | Calculate rour Average Monthly income |

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing spouse | |
|----|---|------------------|----------------------|-------------------|----------------------------|----------------------|------|--|--|
| 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | , and co | mmissio | ons (be | efore all | \$ | 0.00 | \$ | |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | e payme | nts from | a spot | ise if | \$ | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly pof you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spouyou listed on line 3. | t. Includ | e regulaı depende | contri nts, pa | butions rents, nents | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, or farm | Debtor | 1 | | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | | |
| | Net monthly income from a business, profession, or fa | ırm \$ | 0.00 | Сору | here -> S | \$ | 0.00 | \$ | |
| 6. | Net income from rental and other real property | Debtor | 1 | | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | | |
| | Ordinary and necessary operating expenses | -\$_ | 0.00 | | | | | | |
| | Net monthly income from rental or other real property | \$_ | 0.00 | Сору | here -> S | \$ | 0.00 | \$ | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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| JUC 30 | 1 11 C U 00/20/. | 10 LINCIEU 00/20/10 22.30.32 | Desc ivia |
|--------|-----------------------------|------------------------------|-----------|
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Case number (if known)

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| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing sp | oouse | |
|------|---------------------|--|-----------|-------------------|-------------|------------------------------------|--------------|------|
| 7 | Inte | rest, dividends, and royalties | | \$ | 0.00 | \$ | | |
| | | employment compensation | | \$ | 0.00 | \$ | | |
| | Do r | not enter the amount if you contend that the amount received was a benef Social Security Act. Instead, list it here: | it under | · — | | * | | |
| | | | 00 | | | | | |
| | F | or your spouse \$ | | | | | | |
| 9. | Pen | sion or retirement income. Do not include any amount received that wa efit under the Social Security Act. | s a | \$ | 0.00 | \$ | | |
| 10. | Do r rece dom | ome from all other sources not listed above. Specify the source and an not include any benefits received under the Social Security Act or payment sived as a victim of a war crime, a crime against humanity, or international nestic terrorism. If necessary, list other sources on a separate page and pull below. | its or | | | | | |
| | | | | \$ | 0.00 | \$ | | |
| | | | | \$ | 0.00 | \$ | | |
| | | Total amounts from separate pages, if any. | + | \$ | 0.00 | \$ | | |
| 11. | | culate your total average monthly income. Add lines 2 through 10 for h column. Then add the total for Column A to the total for Column B. | \$ | 0.00 | + \$_ | | = \$ | 0.00 |
| Part | | Determine How to Measure Your Deductions from Income by your total average monthly income from line 11. | | | | | montni \$ | o.00 |
| 13. | Calc | culate the marital adjustment. Check one: | | | | | Ψ | 0.00 |
| | | You are not married. Fill in 0 below. | | | | | | |
| | | You are married and your spouse is filing with you. Fill in 0 below. | | | | | | |
| | | You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse's Below, specify the basis for excluding this income and the amount of incadjustments on a separate page. | s suppor | t of someon | e other tha | an you or your | dependents | 3. |
| | | If this adjustment does not apply, enter 0 below. | | | | | | |
| | | | \$ | | _ | | | |
| | | | φ +\$ | | _ | | | |
| | | | Ψ_ | | | | | |
| | | Total | \$ | 0.0 | 0 Co | py here=> | | 0.00 |
| 14. | . Yo | ur current monthly income. Subtract line 13 from line 12. | | | | | \$ | 0.00 |
| 15. | Ca | Iculate your current monthly income for the year. Follow these steps: | | | | | | |
| | 15 | a. Copy line 14 here=> | | | | | \$ | 0.00 |
| | | Multiply line 15a by 12 (the number of months in a year). | | | | | x 12 | |
| | 15k | b. The result is your current monthly income for the year for this part of the | ne form. | | | | \$ | 0.00 |
| | | | | | | | L | |

Bobby Jean Sass

Debtor 1

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Debtor 1 **Bobby Jean Sass** Case number (if known) 18-03277-dd 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. SC 16b. Fill in the number of people in your household. 1 45.740.00 16c. Fill in the median family income for your state and size of household. \$ To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) Part 3: 18. Copy your total average monthly income from line 11. 0.00 Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 0.00 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 0.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 0.00 20b. The result is your current monthly income for the year for this part of the form 45,740.00 \$ 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Bobby Jean Sass **Bobby Jean Sass** Signature of Debtor 1 Date August 20, 2018 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Bobby Jean Sass 18-03277-dd Case number (if known) Debtor 1

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2017 to 05/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Mahle

| 6 Months Ago: | 12/2017 | \$0.00 |
|---------------|--------------------|--------|
| 5 Months Ago: | 01/2018 | \$0.00 |
| 4 Months Ago: | 02/2018 | \$0.00 |
| 3 Months Ago: | 03/2018 | \$0.00 |
| 2 Months Ago: | 04/2018 | \$0.00 |
| Last Month: | 05/2018 | \$0.00 |
| | Average per month: | \$0.00 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| (| Chapter 7: | Liquidation |
|---|------------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| = | ÷ \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-03277-jw Doc 30 Filed 08/20/18 Entered 08/20/18 22:30:52 Desc Main Document Page 43 of 44

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of South Carolina

| In 1 | re | Bobby Jean S | ass | | | Case No. | 18-03277-dd |
|------|----------------|--|------------------------------|--|--|-------------------------------------|-------------------------------------|
| | • | | | | Debtor(s) | Chapter | 13 |
| | | DIS | CLO | SURE OF COMPE | ENSATION OF ATTORN | EY FOR DE | BTOR(S) |
| 1. | cor | npensation paid to | o me v | vithin one year before the fili | 6(b), I certify that I am the attorney fing of the petition in bankruptcy, or an of or in connection with the bankrup | greed to be paid | to me, for services rendered or to |
| | | For legal servic | es, I h | ave agreed to accept | | \$ | 3,500.00 |
| | | Prior to the filir | ng of tl | | 1 | \$ | 1,665.00 |
| | | Balance Due | | | | \$ | 1,835.00 |
| 2. | \$_ | 335.00 of the | filing | fee has been paid. | | | |
| 3. | The | e source of the co | mpens | eation paid to me was: | | | |
| | | Debtor | | Other (specify): | | | |
| 4. | The | e source of compe | ensatio | on to be paid to me is: | | | |
| | | Debtor | | Other (specify): | | | |
| 5. | | I have not agreed | d to sh | are the above-disclosed com | pensation with any other person unle | ss they are memb | pers and associates of my law firm. |
| | | | | | sation with a person or persons who a ames of the people sharing in the con | | |
| 6. | In | return for the abo | ve-dis | closed fee, I have agreed to 1 | render legal service for all aspects of | the bankruptcy ca | ase, including: |
| | b. c. d. | Preparation and f Representation of | iling of the d f the d | of any petition, schedules, sta ebtor at the meeting of credin ebtor in adversary proceeding | dering advice to the debtor in determing attement of affairs and plan which may tors and confirmation hearing, and arings and other contested bankruptcy m | y be required; ly adjourned hear | |
| 7. | Ву | agreement with t | he deb | otor(s), the above-disclosed for | ee does not include the following ser | vice: | |
| | | | | | CERTIFICATION | | |
| this | | ertify that the fore kruptcy proceeding | | is a complete statement of an | ny agreement or arrangement for pay | ment to me for re | epresentation of the debtor(s) in |
| | Auc | just 20, 2018 | | | /s/ Felix B. Clayton | | |
| _ | Date | | | | Felix B. Clayton 167 Signature of Attorney Felix B. Clayton 1509 Klng Street Beaufort, SC 29902 843-379-3333 Fax: 8 butch@butchclayton Name of law firm | | |

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy CourtDistrict of South Carolina

| In re | Bobby Jean Sass | Case No. | 18-03277-dd | |
|-------|-----------------|-----------|-------------|----|
| | | Debtor(s) | Chapter | 13 |

CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

| | • | copy scannable format which has been compared to, and contains lists which are being filed at this time or as they currently exist in draft |
|-------|---|---|
| | Master mailing list of creditors submitted via | n: |
| | (a) computer diskette | |
| | (b) scannable hard copy (number of sheets submitted |) |
| | (c) X electronic version filed | via CM/ECF |
| Date: | August 20, 2018 | /s/ Bobby Jean Sass |
| | | Bobby Jean Sass |
| | | Signature of Debtor |
| Date: | August 20, 2018 | /s/ Felix B. Clayton |
| | | Signature of Attorney |
| | | Felix B. Clayton 167 |
| | | Felix B. Clayton |
| | | 1509 King Street |
| | | Beaufort, SC 29902 |
| | | 843-379-3333 Fax: 843-379-9844 |
| | | Typed/Printed Name/Address/Telephone |
| | | 167 SC |
| | | District Court I.D. Number |